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BOOKS MADE TO SELL.

A chief object of OPHTHALMIC LITERATURE is to promote a wider acquaintance with books and journals relating to ophthalmology, and to bring about their more general use. Many ophthalmologists fail to appreciate the assistance that the literature of their subject is ready to furnish them; and they, their patients and the profession in general are all the worse for their neglect of opportunities.

But we might properly be suspected of lack of discrimination, and of a willingness to accept and recommend anything that got into print, did we fail to protest against certain schemes, by which the enterprising business man seeks to separate the student of ophthalmology, from the small part of his income that he feels he can devote to the purchase of books and periodicals.

An example of recent date is the following: An oculist of ability, interested in the subject, has recently devised and collected a good series of charts for use with the stereoscope, and other devices to aid the restoration or development of binocular vision; and has written a good description of these charts and pieces of apparatus. Thereupon the venders of the charts and apparatus issue this description as a book, under a general title, advertising it as though it were the latest complete general treatise on that subject.

As a matter of fact this "book" contains less than one-half the text of the chapter on eye movements in Weeks' text-book; less matter than is published in twelve pages of the largest type of the Journal of the American Medical Association; less than one-fifteenth of the special eye, ear, nose and throat issue of the Journal of the Association for September 21st.

This circular of information regarding goods for sale, such as enterprising business houses commonly issue free, is offered to English-speaking oculists at the price of one dollar. The important point which makes this instance worth noticing is that such a scheme is aided by journals supported by oculists. This book has been formally reviewed in medical journals, in general terms as tho it were something important for the progressive oculist to read, and without any hint of its true character. If the book reviews of a journal do not give reliable assistance to its readers as to the choice of literature on which

to expend their time and money, there is no sufficient reason for their existence. They fall to the level of the purchased "reading notices" that disgrace medical journals of low ethical standards, and should properly take their place among the paid advertisements.

There are differences in degree noticable in the attempts of commercial interests to prey upon our profession. Recently there have appeared in German two large text-books on ophthalmology. One of them of joint authorship is a masterpiece of its kind, likely for many years to be a leading work of its class in the German language. It has not been reproduced in English. The other, a series of clinical lectures, rather diffusely written, incomplete and not very systematic, but bearing a name prominent in ophthalmic science, has been translated. It is issued to English readers in three volumes, at a considerably higher price than the better text-books of the same size that we already have from English and American writers.

The less valuable work, but less expensive to reproduce, is exploited to the English reading profession with the aid of the author's name, as the latest presentation of German ophthalmology. The more valuable work, perhaps because it would cost more to reproduce, or because its publishers in Germany have not the best commercial connection with the publishing house in England or the United States, remains untranslated. There is need for ophthalmic journals that will be on the lookout for such attempts to impose upon the profession, and will guard their readers against imposition. The plan of letting each doctor pay good money for his own individual experience is too expensive, and too ineffective to be tolerated.

In sound business transactions the benefits are mutual. An oculist buying a book seeks scientific information, not specimens of the printer's and book-binder's art. If he gets the latter when seeking the former he naturally feels disappointed. The customer who has been imposed on, not getting what he wants, is likely to find it out. Every such imposition tends to lessen the sale of books in general, and to a corresponding extent to retard the spread of scientific knowledge among ophthalmologists.

HELPING THE PROFESSION.

In contrast with the exploiting of the profession, protested against above, is the assistance offered every oculist in the country by the Journal of the American Medical Association in Part 2 of its issue for September 21st. Here is furnished free to subscribers and to others for 50 cents, 168 journal pages of special literature, embracing the proceedings of the 1912 meetings of the Section on Ophthalmology, and the Section on Laryngology, Otology and Rhinology of the American Medical Association. This is thoroughly up-to-date literature, that would fill an ordinary octavo volume of 500 to 800 pages. With such an offer made to him, no man has the excuse that he does not read these proceedings because he cannot afford to get them.

BOOK NOTICES.

Meller, J., Vienna. Ophthalmic Surgery. Edited by **William M. Sweet, Philadelphia.** Second Edition, 8vo., 297 pages, 173 original illustrations. Philadelphia: P. Blakiston's Son and Company, 1912. Price, $3.00.

This is a hand-book of the most important surgical operations on the eyeball and its appendages, as practiced in the clinic of Professor Fuchs, without claiming to be a complete treatise on ophthalmic surgery. The present edition has been rewritten and to some extent rearranged. The amount of text has been slightly increased, and the number of illustrations increased by almost one-half. Among the more important additions we notice a clear description of a method of producing anesthesia for enucleation of the eyeball by the injection of 1 per cent solution of cocain into the region of the ciliary ganglion. The newer operations for glaucoma receive extended notice; cyclodialysis rather less space, but the operations of Lagrange, De Vincentis, Fergus and Elliot receive adequate attention; and a section on tonometry describing the instruments and methods of Schiotz, has been added to the chapter on Glaucoma.

Meller does not describe all the operations that have been done for each particular pathologic condition. He makes no mention of many ingenious, peculiar and obsolete operative procedures. This book gives clear, brief, exact descriptions of the operations done for all ordinary conditions of the eye in one of the largest eye clinics of Europe. The illustrations are clear and most helpful, avoiding both crudity and over elaboration. A few are notably better for being printed in colors, such as those explaining extirpation of the sac, and reproducing the appearance of a filtration scar.

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Abstracts From Foreign Journals

Bartels, M., and Ziba, S. (Graefe's Arch. f. Ophth., lxxx p. 207). **Regulation of Ocular Position by Aural Appratus. Stronger Action on Eye of Same Side.**

The three articles in Graefe's archiv., reviewed in the last Year

Book, are followed by this one in which further series of experiments on rabbits are described. A number of drum tracings are given to show the movements of the separated ocular muscles of one or both eyes under the influence of stimulation of either ear, by rotary movement and by thermic and electrical stimuli. An ingenious apparatus, suggested by Ewald, is described for the tracing levers and for regulation of the tension of the ocular muscles. Experiments with rotary nystagmus appear to indicate that the eye adjacent to the stimulated aural apparatus is moved most. Thermic experiments gave no conclusive results. The strength of current necessary to produce galvanic nystagmus in a man causes very disagreeable disturbances. The author repeats his conclusion as to opposition of the action of the externus and internus. When one contracts the other relaxes (see Year Book, 1911). Apparently the aural apparatus acts most strongly on the neighboring eye. In horizontal nystagmus each aural apparatus acts simultaneously on all four lateral movements; the externus of one eye and internus of the other contract, and the internus of the one and externus of the other relax. Experiments on intact muscles with intact eyeball show that the eye adjacent to the stimulated ear (the ear in the direction in which rotation occurs) makes the strongest counter movement.

Casali, A. Eserin in Kerato-hypopion. (Annali di Ottalmologia, xl, p. 544).

Eserin is largely used in such cases in the Clinica Oculistica at Florence. The usual practice is first to treat any underlying condition of the lacrimal passages; then, after antiseptic irrigation of the conjunctival sac, and provided there is not a marked inflammation of the iris, to introduce an eserin pomade of 0.5 to 0.75 per cent strength, and to bandage the eye for twenty-four hours. If at the end of this time the condition has improved, the eserin is repeated until the hypopion has disappeared and the ulcer has become clean, after which atropin is used. If after the first use of eserin improvement does not come, atropin is at once resorted to. Of 100 cases treated with eserin, sixty-nine were cured without recourse to other measures. In the rest of the cases satisfactory results were seldom obtained by any method. The author accepts Guaita's explanation of the favorable action of eserin as due to stimulation of the fifth nerve.

Casali, A. Case of Ocular Pemphigus. (Annali di Ottalmologis, xl, p. 481).

The general cutaneous condition had existed for two years, with improvements and relapses. The ocular changes began a month before examination. Roundish abrasions were discovered on the mucosa of the lower lip, of the cheek and of the soft palate. There were abrasions on the skin of the eyelids, which were reddened, and on the left side slightly swollen. The hyperemic bulbar conjunctiva of the right eye presented at the upper inner limbus a gelatinous elevation which advanced a little way on to the cornea. Entropion and trichiasis of the left lower lid were apparently due to a membranous band which extended from the free margin of the lid to the cornea. This band had a grayish white color, and the bulbar end of it covered almost all the lower inner quadrant of the cornea. The left cornea further presented a large ulcer in the form of a half ring lying near to and parallel with the upper half of the limbus. The ulcer was slightly infiltrated and of varying depth, and had sloping edges. The membranous band was excised, and microscopic study showed it to consist of all the epithelial constituents of the conjunctiva.

Cecchetto, E. Variations of Ocular Tension in Posterior Sclerochoroiditis. (La Clinica Oculistica, xii, p. 739).

In fifty normal eyes in persons between 20 and 30 years of age,

the tension measured with the Schiötz tonometer varied between 17 and 23 mm. Hg., the average being 18 mm. In eleven cases of posterior sclerochoroiditis with myopia the average tension was 13.2 mm. Treatment of these cases by repeated paracentesis of the anterior chamber, as advised by Sperino and Reymond, not only improved the visual acuity and general condition of the eyes, but was followed by increase of intraocular tension to an average of 18 mm. of mercury. This increase of tension was independent of the general blood pressure.

Desiderio, Z. Reticular Keratitis and a Form of Dystrophic Bilateral Keratitis Hitherto Undescribed. (Annali di Ottalmologia, xl, p. 236.

The reticular keratitis was known to occur in two out of three sisters. The third sister was not examined. The first patient seen, aged 50, gave a history of having noticed some diminution of vision beginning about fifteen years earlier. But she had suffered no other inconvenience. In the superficial corneal layers were a number of small grayish, irregular spots, suggesting the appearance of fine sawdust. The periphery of the cornea for a width of two millimeters was perfectly clear. The second sister, aged 46 years, was found to have lesions of identical appearance. She had never paid any attention to the condition of her eyes. Both sisters were entirely healthy in other regards and the family history was negative. The two cases correspond to the second stage of the lesion (gittrige keratitis, kératite en grillage) as described by the author.

The second section of the essay relates to extraordinary corneal changes in a man of 27 years, otherwise in robust health. Since the age of 12 or 13 years he had known his vision to be poorer than that of his companions, and he had been dismissed from military service on account of his eyes. The opacity which was in the middle and superficial layers of the pupillary area of the cornea had the appearance of an irregular reddish-gray lace pattern. Vision of each eye was 1/6. But there were no other symptoms, except slight photophobia in bright daylight. After an optical iridectomy had been done on each eye, the lens and vitreous were found to be perfectly clear. No other member of the family had any similar disturbance.

Dutoit, A. Schmidt's One-stroke Cataract Incision and the Two-stroke Cataract Incision. (Zeitschrift f. Augenheilkunde, xxvi, p. 45).

Dutoit objects to Schmidt's method (see Ophthalmic Literature, ii, p. 32) that the operator must keep his attention fixed at the same time on two parts of the knife, the advancing point and the cutting edge, and that it renders impracticable the making of a conjunctival flap. For six years Dutoit has used what he calls a "two-stroke incision." He has designed a knife, the total length of which is 38 mm. The pointed end is a right-angled triangle, the apex of which is two-edged for a length of 2 mm. The cutting edge of this part continues by a gently rounded curve into the longer part of the cutting edge, which is parallel to the back of the knife. The knife is 4 mm. wide in the parallel portion. The great width of the blade allows of its being kept thinner than a Graefe knife can be.

After the counter-puncture is made the knife is thrust onward almost until the point reaches the nose. Up to now no aqueous humor has escaped. From this time the movement of the point can be disregarded and attention concentrated wholly on the cutting edge. The second stroke, towards the temple and upwards, requires only slight force.

Kuschel, J. Interruption of the Intraocular Current in the Ciliary Region After Contusion of Eyeball. (Zeitschrift f. Augenheilkunde, xxv, p. 462).

Kuschel's theory of the interchange of intraocular fluid is that the

stream takes origin in the choroid, enters the eyeball through the lower tissue of the optic nerve, passes through the canal of Cloquet into the vitreous, leaves this structure anterolaterally by way of the zonular cleft, receives a second accession from a series of canals formed between the ciliary interspaces and the anterior limiting membrane of the vitreous, and finally passes through the posterior chamber and pupil to the anterior chamber.

In further support of this theory two cases are now reported. In the first the eye had become blind from retinal detachment in high myopia. A posterior synechia had closed off all the pupil except a small gap in the upper nasal quadrant. Nevertheless, the tension of the eye had been normal. When seen fourteen days after a fall on the head, tension was plus 2 and the anterior chamber was partially filled with blood. With the patient erect a delicate stream of blood could be seen to flow from the iris at the upper angle of the anterior chamber. But the collection of blood neither increased nor decreased in size, so that drainage at the angle was well maintained permanently. Iridectomy, not peripheral, gave relief from the glaucomatous symptom. The obstruction was probably due to traumatic stirring up of the old iridocyclitis, and rise of tension in the vitreous. The iridectomy cured by allowing a re-establishment of the current through the ciliary canals. In the second case two iridectomies and a sclerotomy were done on account of attacks of acute glaucoma following a blow on the eye. Several days after the last operation some irregular masses of exudate were discovered on the lens capsule in the peripheral part of the iris coloboma. These masses were gradually separated and absorbed by repeating massaging of the globe. The author believes that a further lowering of the tension followed the separation of each fragment of exudate, and he regards the exudate as having been the real obstruction to the interchange of intraocular fluid.

Mosso, G. Recurrent Menstrual Corneal Herpes. (Annali di Ottalmologia, xl, p. 34).

A girl of 18 years, poorly developed and of probably tuberculous family, and whose menstruation had only begun one year previously, came complaining of intense photophobia, and pains in the left side of the head. The menstrual period had commenced four days earlier. There were a number of vesicles on the upper inner quadrant of the left cornea, and this part of the cornea was hypoesthetic. There had been a definite disturbance of the same eye at the preceding menstruation. The corneal lesions ran the usual course of herpes, the patient being discharged after seven days. With the next monthly period came another characteristic attack of herpes, but of shorter duration, and a month later what was probably an abortive attack of similar nature, the same eye being involved on each occasion. Tuberculin test and physical examination were negative, but there was an atrophic ozena especially involving the left side of the nose.

Maggi, F. Vernal Catarrh. (Archivio di Ottalmologia, xix p. 415).

Thirty-eight cases were studied over a period of three years. From the conjunctival secretion of each of them a smear was made, and stained with a weak aqueous solution of eosin for 15 to 20 minutes, followed by an aqueous solution of methylene blue for twenty to thirty seconds. In every case eosinophilic leucocytes were present in striking numbers, the general proportion being about equal to the other cellular elements making up the secretion. Eosinophilia may be regarded as constant in vernal catarrh, and is a differential diagnostic sign of value in some other wise ambiguous cases. In a case of pemphigus the eosinophiles were so numerous as to constitute almost the entire cellular part of the secretion.